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PTO/SB/50 (08-00)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	10961138-6
First Named Inventor	Eric Joseph Johnson
Original Patent Number	5,907,335
Original Patent Issue Date (Month/Day/Year)	May 25, 1999
Express Mail Label No.	

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of
(PTO/SB/96) Attorney

ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to
the claims. See 37 CFR 1.173 (c).
- ☒ Original U.S. Patent for surrender
☒ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other:

15. CORRESPONDENCE ADDRESS



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W. Norman Roth

Registration No. (Attorney/Agent)

26,225

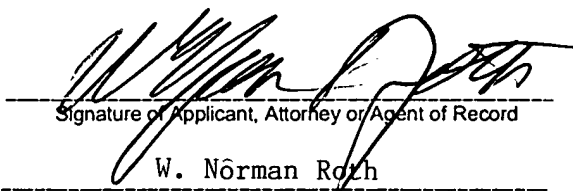
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 10961138-6		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 14	**** 0-- =	x \$ ____ =		or	x \$ 18 =	
(C) 4	Independent claims (37 CFR 1.16(i))	(D) 4	. 0 =	x \$ ____ =			x \$ 80 =	
Basic Fee (37 CFR 1.16(h)) \$ ____							\$ 710	
Total Filing Fee \$ ____							OR \$ 710	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 24	MINUS **	20	= 4	x \$ ____ =		x \$ 18 =	72
Independent Claims (37 CFR 1.16(i))	*** 8	MINUS *****	4	= 4	x \$ ____ =		x \$ 80 =	320
Total Additional Fee \$ ____							OR \$ 392	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>08-2025</u> in the amount of <u>\$1102.</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-2025</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
May 22, 2001 Date				 Signature of Applicant, Attorney or Agent of Record W. Norman Roth Typed or printed name				